

LUC-306/Bright 4-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Bright, et al. EXAMINER: Backhean Tiv
SERIAL NO.: 09/812,401 GROUP: 2151 CONF. NO. 3394
FILED: 03/19/2001 DOCKET: LUC-306/Bright 4-1
TITLE: MULTIPLE-PROTOCOL HOME LOCATION REGISTER AND METHOD OF USE

TRANSMITTAL LETTER

RECEIVED
CENTRAL FAX CENTER

OCT 12 2004

Commissioner for Patents
Mail Stop Amendment
Group Art Unit 2151
Attention: Examiner Backhean Tiv
P.O. Box 1450
Alexandria, VA 22313-1450
Fax Number (703) 872-9306

Dear Sir:

Please find enclosed the following documents pertaining to the above referenced application:

53-page Response to Office Action

~~Not a Receipt Document~~

CLAIMS AS AMENDED

	Claims as Amended	Minus Previously Paid For Claims	Difference x Rate	Fee
Total Claims	81	- 71	10 x \$18.00	\$ 180.00
Independent Claims	5	- 5	2 x \$88.00	\$0.00
Multiple Dependent Claims	0	- 0	0 x \$300.00	\$ 0.00
TOTAL FEE				\$180.00

Please charge the above fee of \$180.00 to Patti & Brill, LLC Deposit Account No. 50-1941. In the event of under or over payment of a fee at anytime during the prosecution of the subject application, the Commissioner is hereby authorized to charge or credit the Patti & Brill, LLC Deposit Account No. 50-1941 the amount necessary to correct the error. A duplicate copy of this sheet is attached.

CERTIFICATE OF MAILING

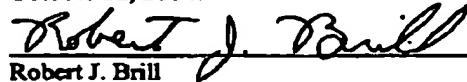
Respectfully submitted,



Robert J. Brill
Reg. No. 36,760

Patti & Brill, LLC
Customer Number 32205

I hereby certify that this correspondence is being sent via facsimile transmission to Commissioner for Patents, Mail Stop Amendment, Group Art Unit 2151, Attention: Backhean Tiv, P.O. Box 1450, Alexandria, VA 22313-1450, at fax number (703) 872-9306, on October 12, 2004.


Robert J. Brill

October 12, 2004

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

LUC-306/881914-1

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	71	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	71 minus 20 =	51
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	918
X40=		OR	X80=	160
+135=		OR	+270=	
TOTAL		OR	TOTAL	1788

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	71	Minus .. 71	= 0
Independent	5	Minus ... 5	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	81	Minus .. 71	= 10
Independent	5	Minus ... 5	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	180
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	180

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus ..	=
Independent		Minus ...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.